



## **NC Medicaid Managed Care**

### **Deployment Schedule for Tailored Care Management Interfaces for Tailored Plan (TP) and Local Management Entity-Managed Care Organizations (LME-MCO)**

## Contents

| Change Log |            |   |
|------------|------------|---|
| Version    | Date       | Updates/Change Made   |
| 1.0        | 10/27/2022 | Initial Document  |
| 1.1        | 11/09/2022 | Correction to Beneficiary Assignment File First Deployment Date for PIHP Launch   |
| 2.0        | 12/8/2022  | Updates to first Deployment dates for LME-MCO launch related to Pharmacy Lock-in, Claims and PRL files  |
| 3.0        | 1/12/2023  | Updates to first Deployment dates for LME-MCO launch related to Pharmacy Lock-in, Claims and PRL Inbound files.<br>Updated typo in Claims files delivery frequency. |

## I. Introduction

The Behavioral Health (BH) and Intellectual/Developmental Disability (I/DD) Tailored Plan (TP) Contract and the Prepaid Inpatient Health Plan (PIHP) Contracts are the primary sources for BH I/DD TP, PIHP, and Tailored Care Management (Tailored CM) data exchange and health information technology requirements. The Tailored CM Data Strategy FAQ and Care Management Data System Guidance are also helpful resources that should be referenced by the Tailored Plans in enabling Tailored CM data exchanges to support the Tailored CM requirements.

- [North Carolina's Behavioral Health I/DD Tailored Plan RFA & Contract Documents](#)
- [Tailored CM Data System Guidance](#)
- [Tailored CM Data Strategy FAQ](#)

BH I/DD TPs or PIHPs will be expected to share the following data in a machine-readable format with Advanced Medical Home + (AMH+) practices and Care Management Agencies (CMA), or their designated Clinically Integrated Networks (CINs) or Other Partners, for their attributed members to support Tailored CM:

1. **Beneficiary assignment information** including demographic data and any clinically relevant and available eligibility info.
2. **Pharmacy Lock-in data**
3. **Member claims/encounter data**, including historical physical (PH), behavioral health, and pharmacy (Rx) claims/encounter data with new data delivered monthly (PH/BH) or weekly (Rx).
4. **Acuity tiering and risk stratification data.** BH I/DD TPs or PIHPs will receive an acuity tier (e.g., low, medium, high) from the North Carolina Department of Human Services (the Department); BH I/DD TPs or PIHPs required to transmit acuity tier to AMH+ practices/CMAs (and results & methods of any risk stratification they conduct).

**AMH+ practices/CMAs Onboarding & Testing:** As BH I/DD TPs or PIHPs contract with AMH+ practices, CMAs and/or their affiliated CINs, they are expected to have an onboarding process that supports establishing and enabling the exchange of information between the BH I/DD TPs or PIHPs and these practices. BH I/DD TPs or PIHPs shall review the standard file layouts, associated requirements, testing and implementation expectations with their contracted AMH+ practices, CMAs and/or their affiliated CINs and work with them to enable these data exchanges per the requirements outlined in the TP/PIHP managed care contract and this requirements document.

This document serves to provide initial deployment dates for the Tailored CM deployment of these interfaces for TP and PIHP Contracts

## II. Deployment Dates

The following table provides the deployment schedule defined by the Department

| Interface  | Frequency                              | First Deployment Date for LME-MCO Launch | First Deployment Date for TP Launch |
|--|--|--|-------------------------------------|
| Beneficiary Assignment File (LME-MCO/TP to Provider)                   | Daily incremental and weekly full file | 11/20/2022                               | 3/12/2023                           |
| Pharmacy Lock-in (LME-MCO /TP to Provider)                             | Weekly full file                       | 2/5/2023                                 | 3/19/2023                           |
| Medical Professional Claims Header and Line (LME-MCO /TP to Provider)  | At least Monthly incremental           | 1/22/2023                                | 3/19/2023                           |
| Medical Institutional Claims Header and Line (LME-MCO /TP to Provider) | At least Monthly incremental           | 1/22/2023                                | 3/19/2023                           |
| Pharmacy Claims Header and Line (LME-MCO /TP to Provider)              | At least Monthly incremental           | 1/29/2023                                | 3/19/2023                           |
| Dental Claims Header and Line (LME-MCO /TP to Provider)                | At least Monthly incremental           | 2/5/2023                                 | 3/19/2023                           |
| Patient Risk File (LME-MCO /TP to Provider)                            | 26 <sup>th</sup> of each month         | 1/3/2023                                 | 4/26/2023                           |
| Patient Risk File (Provider to LME-MCO /TP)                            | 7 <sup>th</sup> of each month          | 1/29/2023                                | 5/7/2023                            |